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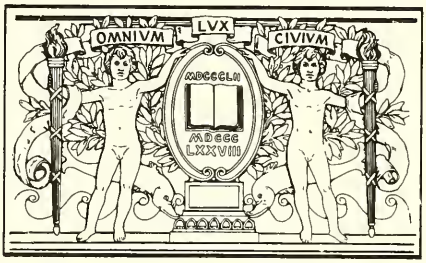

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MINIMUM STANDARDS FOR CHILD WELFARE

ADOPTED BY THE WASHINGTON AND REGIONAL CONFERENCES ON CHILD WELFARE : : : 1919

CONFERENCE SERIES No. 2
Bureau Publication No. 62

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MINIMUM STANDARDS FOR CHILD WELFARE.

The Children's Bureau Conference on Child Welfare Standards was called by the Secretary of Labor at the request of the President of the United States. The purpose of the undertaking was to formulate and to publish standards for the better protection of children. The preliminary conference was held at Washington, May 5–8, 1919.

The Washington conference was participated in by many American authorities. It was advised by representatives of Belgium, France, Great Britain, Italy, Japan, and Serbia. The foreign delegates reported especially on what their nations had learned concerning the better protection of children as a result of their war experiences.

The Washington conference divided into three sections. These considered:

1. Child labor and education.
2. Public protection of the health of mothers and children.
3. Children in need of special care.

The papers presented at Washington by leading American experts discussed the national standards which were recommended by the three sections. These are submitted by the Washington conference for consideration by the regional conferences and by other interested groups throughout the country. Before adjournment the conference designated a committee to consider modifications of the standards which might be suggested by the regional conferences.

At a general session of the Washington conference the economic and social aspects of child welfare standards were discussed. While no standards were formulated in this wide field, an adequate wage for the father, wholesome living conditions, proper recreation, and the abolition of racial discrimination were recognized as fundamental to the realization of any child-welfare program.

On the following pages will be found the standards submitted by the Washington conference and revised by the committee appointed for that purpose in accordance with suggestions made by regional conferences. These are intended only as minimum standards and not as in any way limiting the degree of protection which an advanced state might desire to give its children.

MINIMUM STANDARDS FOR CHILDREN ENTERING EMPLOYMENT.

Age minimum.

An age minimum of 16 for employment in any occupation, except that children between 14 and 16 may be employed in agriculture and domestic service during vacation periods until schools are continuous throughout the year.

An age minimum of 18 for employment in and about mines and quarries.

An age minimum of 21 for girls employed as messengers for telegraph and messenger companies.

An age minimum of 21 for employment in the special-delivery service of the U. S. Post Office Department.

Prohibition of the employment of minors in dangerous, unhealthy, or hazardous occupations or at any work which will retard their proper physical or moral development.

Educational minimum.

All children between 7 and 16 years of age shall be required to attend school for at least nine months each year.

Children between 16 and 18 years of age who have completed the eighth but not the high-school grade and are legally and regularly employed shall be required to attend day continuation schools at least eight hours a week.

Children between 16 and 18 who have not completed the eighth grade or children who have completed the eighth grade and are not regularly employed shall attend full-time school. Occupational training especially adapted to their needs shall be provided for those children who are unable because of mental subnormality to profit by ordinary school instruction.

Vacation schools placing special emphasis on healthful play and leisure time activities, shall be provided for all children.

Physical minimum.

A child shall not be allowed to go to work until he has had a physical examination by a public-school physician or other medical officer especially appointed for that purpose by the agency charged with the enforcement of the law, and has been found to be of normal development for a child of his age and physically fit for the work at which he is to be employed.

There shall be annual physical examination of all working children who are under 18 years of age.

Hours of employment.

No minor shall be employed more than 8 hours a day or 44 hours a week. The maximum working day for children between 16 and 18 shall be shorter than the legal working day for adults.

The hours spent at continuation schools by children under 18 years of age shall be counted as part of the working day.

Night work for minors shall be prohibited between 6 p. m. and 7 a. m.

Minimum wage.

Minors at work shall be paid at a rate of wages which for full-time work shall yield not less than the minimum essential for the "necessary cost of proper living, as determined by a minimum wage commission or other similar official board." During a period of learning they may be rated as learners and paid accordingly. The length of the learning period should be fixed by such commission or other similar official board, on educational principles only.

Placement and employment supervision.

There shall be a central agency which shall deal with all juvenile employment problems. Adequate provision shall be made for advising children when they leave school of the employment opportunities open to them, for assisting them in finding suitable work, and providing for them such supervision as may be needed during the first few years of their employment. All agencies working toward these ends shall be coordinated through the central agency.

ADMINISTRATION.

Employment certificates.

Provision shall be made for issuing employment certificates to all children entering employment who are under 18 years of age.

An employment certificate shall not be issued to the child until the issuing officer has received, approved, and filed the following:

1. A birth certificate, or, if unobtainable, other reliable documentary proof of the child's age.
2. Satisfactory evidence that the child has completed the eighth grade.
3. A certificate of physical fitness signed by a public-school physician or other medical officer especially appointed for that purpose by the agency charged with the enforcement of the law. This certificate shall state that the minor has been thoroughly examined by the physician and that he is physically qualified for the employment contemplated.
4. Promise of employment.

The certificate shall be issued to the employer and shall be returned by the employer to the issuing officer when the child leaves his employment.

The school last attended, the compulsory-education department, and the continuation schools shall be kept informed by the issuing officers of certificates issued or refused and of unemployed children for whom certificates have been issued.

Minors over 18 years of age shall be required to present evidence of age before being permitted to work in occupation in which the entrance ages or hours are especially regulated.

Record forms shall be standardized and the issuing of employment certificates shall be under State supervision.

Reports shall be made to the factory inspection department of all certificates issued and refused.

Compulsory attendance laws.

Full-time attendance officers adequately proportioned to the school population shall be provided in cities, towns, and counties to enforce the school attendance law.

The enforcement of school-attendance laws by city, town, or county school authorities shall be under State supervision.

Factory inspection and physical examination of employed minors.

Inspection for the enforcement of all child-labor laws, including those regulating the employment of children in mines or quarries, shall be under one and the same department. The number of inspectors shall be sufficient to insure semiannual inspections of all establishments in which children are employed, and such special inspections and investigations as are necessary to insure the protection of the children.

Provision should be made for a staff of physicians adequate to examine annually all employed children under 18 years of age.

MINIMUM STANDARDS FOR PUBLIC PROTECTION OF THE HEALTH OF MOTHERS AND CHILDREN.

MATERNITY.

1. Maternity or prenatal centers, sufficient to provide for all cases not receiving prenatal supervision from private physicians. The work of such a center should include:
   (*a*) Complete physical examination by physician as early in pregnancy as possible, including pelvic measurements, examination of heart, lungs, abdomen, and urine, and the taking of blood pressure; internal examination before seventh month in primipara; examination of urine every four weeks during early months, at least every two weeks after six month, and more frequently if indicated; Wassermann test whenever possible, especially when indicated by symptoms.
   (*b*) Instruction in hygiene of maternity and supervision throughout pregnancy, through at least monthly visits to a maternity center until end of sixth month, and every two weeks thereafter. Literature to be given mother to acquaint her with the principles of infant hygiene.
   (*c*) Employment of sufficient number of public-health nurses to do home visiting and to give instructions to expectant mothers in hygiene of pregnancy and early infancy; to make visits and to care for patient in puerperium; and to see that every infant is referred to a children's health center.
   (*d*) Confinement at home by a physician or a properly trained and qualified attendant, or in a hospital.
   (*e*) Nursing service at home at the time of confinement and during the lying-in period, or hospital care.
   (*f*) Daily visits for five days, and at least two other visits during second week by physician or nurse from maternity center.
   (*g*) At least ten days' rest in bed after a normal delivery, with sufficient household service for four to six weeks to allow mother to recuperate.
   (*h*) Examination by physician six weeks after delivery before discharging patient.

Where these centers have not yet been established, or where their immediate establishment is impracticable, as many as possible of these provisions here enumerated should be carried out by the community nurse, under the direction of the health officer or local physician.

2. Clinics, such as dental clinics and venereal clinics, for needed treatment during pregnancy.

3. Maternity hospitals, or maternity wards in general hospitals, sufficient to provide care in all complicated cases and for all women wishing hospital care; free or part-payment obstetrical care to be provided in every necessitous case at home or in a hospital.
4. All midwives to be required by law to show adequate training, and to be licensed and supervised.
5. Adequate income to allow the mother to remain in the home through the nursing period.
6. Education of general public as to problems presented by maternal and infant mortality and their solution.

INFANTS AND PRESCHOOL CHILDREN.

1. Complete birth registration by adequate legislation requiring reporting within three days after birth.
2. Prevention of infantile blindness by making and enforcing adequate laws for treatment of eyes of every infant at birth and supervision of all positive cases.
3. Sufficient number of children's health centers to give health instruction under medical supervision for all infants and children not under care of private physician, and to give instruction in breast feeding and in care and feeding of children to mothers, at least once a month throughout first year, and at regular intervals throughout preschool age. This center to include a nutrition and dental clinic.
4. Children's health center to provide or to cooperate with sufficient number of public-health nurses to make home visits to all infants and children of preschool age needing care—one public-health nurse for average general population of 2,000. Visits to the home are for the purpose of instructing the mother in—
   (*a*) Value of breast feeding.
   (*b*) Technic of nursing.
   (*c*) Technic of bath, sleep, clothing, ventilation, and general care of the baby, with demonstrations.
   (*d*) Preparation and technic of artificial feeding.
   (*e*) Dietary essentials and selection of food for the infant and for older children.
   (*f*) Prevention of disease in children.
5. Dental clinics; eye, ear, nose, and throat clinics; venereal and other clinics for the treatment of defects and disease.
6. Children's hospitals, or beds in general hospitals, or provision for medical and nursing care at home, sufficient to care for all sick infants and young children.
7. State licensing and supervision of all child-caring institutions or homes in which infants or young children are cared for.
8. General educational work in prevention of communicable disease and in hygiene and feeding of infants and young children.

SCHOOL CHILDREN.

1. Proper location, construction, hygiene, ventilation, and sanitation of schoolhouse; adequate room space—no overcrowding.
2. Adequate playground and recreational facilities, physical training, and supervised recreation.

3. Adequate space and equipment for school medical work and available laboratory service.
4. Full-time school nurse to give instruction in personal hygiene and diet, to make home visits to advise and instruct mothers in principles of hygiene and nutrition and to take children to clinics with permission of parents.
5. Part-time physician with one full-time nurse for not more than 2,000 children; if physician is not available, one school nurse for every 1,000 children; or full-time physician with two full-time nurses for 4,000 children for:
   (*a*) Complete standardized basic physical examinations once a year, with determination of weight and height at beginning and end of each school year; monthly weighing wherever possible.
   (*b*) Continuous health record for each child to be kept on file with other records of the pupil. This should be a continuation of the preschool health record which should accompany the child to school.
   (*c*) Special examinations to be made of children referred by teacher or nurse.
   (*d*) Supervision to control communicable disease.
   (*e*) Recommendation of treatment for all remediable defects, diseases, deformities, and cases of malnutrition.
   (*f*) Follow-up work by nurse to see that physician's recommendations are carried out.
6. Available clinics for dentirtry, nose, throat, eye, ear, skin, and orthopedic work; and for free vaccination against smallpox.
7. Open-air classes with rest periods and supplementary feedings for pretuberculars and certain tuberculous children, and children with grave malnutrition. Special classes for children needing some form of special instruction due to physical or mental defect.
8. Nutrition classes for physically subnormal children, and the maintenance of midmorning lunch or hot noonday meal when necessary.
9. Examination by psychitrist of all atypical or retarded children.
10. Education of school child in health habits, including hygiene and care of young children.
11. General educational work in health and hygiene, including education of parent and teacher, to secure full cooperation in health program.

ADOLESCENT CHILDREN.

1. Complete standardized basic physical examination by physician, including weight and height, at least once a year, and recommendation for necessary treatment to be given at children's health center, school, or other available agency.
2. Clinics for treatment for defect and disease.
3. Supervision and instruction to inure:
   (*a*) Ample diet, with special attention to growth-producing foods.
   (*b*) Sufficient sleep and rest and fresh air.

(*c.*) Adequate and suitable clothing.
(*d.*) Proper exercise for physical development.
(*e.*) Knowledge of sex hygiene and reproduction.

4. Full-time education compulsory to at least 16 years of age, adapted to meet the needs and interest of the adolescent mind, with vocational guidance and training.
5. Clean, ample recreational opportunities to meet social needs, with supervision of commercial amusements.
6. Legal protection from exploitation, vice, drug habits, etc.

RESOLUTIONS ON STANDARDS RELATING TO "CHILDREN IN NEED OF SPECIAL CARE."

1. General statement.

The conclusions of the White House Conference of 1909 on the Care of Dependent Children are reaffirmed in all essentials. They have been guides for communities and States in reshaping their plans for children in need of special care. They are commended for consideration to all communities whose standards do not as yet conform to them, so that they may be translated into practice in the various States.

The fundamental rights of childhood are normal home life, opportunities for education, recreation, vocational preparation for life, and moral, religious, and physical development in harmony with American ideals and the educational and spirtual agencies by which these rights of the child are normally safeguarded.

Upon the State devolves the ultimate responsibility for children who are in need of special care by reason of unfortunate home conditions, physical or mental handicap, or delinquency. Particular legislation is required to insure for such children the nearest possible approach to normal development.

2. Adequate income.

Home life which is, in the words of the conclusions of the White House Conference, "the highest and finest product of civilization," can not be provided except upon the basis of an adequate income for each family.

3. Assistance to mothers.

The policy of assistance to mothers who are competent to care for their own children is now well established. It is generally recognized that the amount provided should be sufficient to enable the mother to maintain her children suitably in her own home, without resorting to such outside employment as will necessitate leaving her children without proper care and oversight; but in many States the allowances are still entirely inadequate to secure this result under present living costs. The amount required can be determined only by careful and competent case study, which must be renewed from time to time to meet changing conditions.

4. State supervision.

A State board of charities or a similar supervisory body should be responsible for the regular inspection and licensing of every institution, agency, or association, incorporated or otherwise, which receives or cares for mothers with children or children who suffer from physical or mental handicaps, or who are delinquent, dependent, or without suitable parental care, and should have authority to revoke such licenses for cause and to prescribe forms of registration and report. This State agency should maintain such supervision and

visitation of children in institutions and children placed in family homes as will insure their proper care, training, and protection. The incorporation of private organizations caring for children should be required, and should be subject to the approval of the State board of charities or similar body. State supervision should be conceived and exercised in harmony with democratic ideals which invite and encourage the service of efficient, altruistic forces of society in the common welfare.

5. Removal of children from their homes.

Unless unusual conditions exist, the child's welfare is best promoted by keeping him in his own home. No child should be permanently removed from his home unless it is impossible so to reconstruct family conditions or build and supplement family resources as to make the home safe for the child, or so to supervise the child as to make his continuance in the home safe for the community. In case of removal separation should not continue beyond the period of reconstruction.

6. Home care.

The aim of all provision for children who must be removed from their own homes should be to secure for each child home life as nearly normal as possible, to safeguard his health, and to insure for him the fundamental rights of childhood. To a much larger degree than at present, family homes may be used to advantage in the care of such children.

7. Principles governing child placing.

Before a child is placed in other than a temporary foster home, adequate consideration should be given to his health, mentality, character, and family history and circumstances. Arrangements should be made for correcting remediable physical defects and disease.

Complete records of the child are necessary to a proper understanding of his heredity and personality, and of his development and progress while under the care of the agency.

Particular consideration should be given to children who are difficult to place and who require provision adapted to their peculiar needs.

Careful and wise investigation of foster homes is prerequisite to the placing of children. Adequate standards should be required of the foster families as to character, intelligence, experience, training, ability, income, environment, sympathetic attitude, and their ability to give the child proper moral and spiritual training. When practicable children should be placed in families of the same religious faith as the parents, or the last surviving parent.

A complete record should be kept of each foster home, giving the information on which approval was based. The records should show the agency's contacts with the family from time to time, indicating the care given the child entrusted to it. In this way special abilities in the families will be developed and conserved for children.

Supervision of children placed in foster homes should include adequate visits by properly qualified and well-trained visitors who should exercise watchfulness over the child's health, education, and moral and spiritual development. Periodic physical examinations

should be made. Supervision of children in boarding homes should also involve the careful training of the foster parents in their task. Supervision should not be made a substitute for the responsibilities which properly rest with the foster family.

The transfer of the legal guardianship of a child should not be permitted save with the consent of a properly designated State department or a court of proper jurisdiction.

In all cases involving the legal adoption of children, the court should make a full inquiry into all the facts through its own visitor or through some other unbiased agency, before awarding the child's custody.

8. Children in institutions.

The stay of children in institutions for dependents should be as brief as possible. The condition of all children in such institutions should be carefully studied at frequent intervals, in order to determine whether they should be restored to their own homes, placed in foster homes, or transferred to institutions better suited to their needs. While they do remain in institutions, their condition should approximate as nearly as possible that of normal family life as to health, recreation, schooling, and spiritual, aesthetic, civic and vocational training.

9. Care of children born out of wedlock.

The child born out of wedlock constitutes a very serious problem, and for this reason special safeguards should be provided.

Save for unusual reasons both parents should be held responsible for the child during its minority, and especially should the responsibility of the father be emphasized.

Care of the child by its mother is highly desirable, particularly during the nursing months.

No parent of a child born out of wedlock should be permitted to surrender the child outside its own family, save with the consent of a properly designated State department or a court of proper jurisdiction.

Each State should make suitable provision of a humane character for establishing paternity and guaranteeing to children born out of wedlock the rights naturally belonging to children born in wedlock. The fathers of such children should be under the same financial responsibilities and the same legal liabilities toward their children as other fathers. The administration of the courts with reference to such cases should be so regulated as not only to protect the legal rights of the mother and child, but, also to avoid unnecessary publicity and humiliation.

The treatment of the unmarried mother and her child should include the best medical supervision, and should be so directed as to afford the widest opportunity for wholesome, normal life.

10. Care of physically defective children.

Special care and educational opportunities for deaf, blind, and crippled children should be provided in the public educational system, local or State.

11. Mental hygiene and care of mentally defective children.

The value of the first seven years of childhood from the point of health, education, and morals and formative habits can not be overestimated. Throughout childhood attention should be given to the mental hygiene of the child—the care of the instincts, emotions, and general personality, and of environment conditions. Special attention should be given to the need for training teachers and social workers in mental hygiene principles.

Each State should assume the responsibility for thorough study of the school and general population for the purpose of securing data concerning the extent of the feeble-mindedness and subnormality.

Adequate provision should be made for such mentally defective children as require institutional care. Special schools or classes with qualified teachers and adequate equipment should be provided by educational authorities for such defective children as may be properly cared for outside of institutions. The State should provide for the supervision and after-care of feeble-minded persons at large in the community, especially those paroled from institutions. Custodial care in institutions for feeble-minded children should not be resorted to until after due consideration of the possibility of adjustment within the community.

12. Juvenile courts.

Every locality should have available a court organization providing for separate hearings of children's cases; a special method of detention for children, entirely apart from adult offenders; adequate investigation for every case; provision for supervision or probation by trained officers, such officers in girls' cases to be women; and a system for recording and filing social as well as legal information.

In dealing with children the procedure should be under chancery jurisdiction, and juvenile records should not stand as criminal records against the children.

Whenever possible such administrative duties as child placing and relief should not be required of the juvenile court, but should be administered by agencies organized for that purpose.

Thorough case study should invariably be made. Provision for mental and physical examinations should be available.

The juvenile victims of sex offenses are without adequate protection against unnecessary publicity and further corruption in our courts. To safeguard them the jurisdiction of the juvenile court should be extended to deal with adult sex offenders against children, and all safeguards of that court be accorded to their victims; or if these cases are dealt with in other courts, the facts revealed in the juvenile court should be made available, and special precautions should be taken for the protection of the children, as here suggested.

13. Rural social work.

Work for children needing special care has been neglected in rural parts of the country. Social conditions in rural communities are often as acute as in urban communities. The principles of child care, as enumerated above, are applicable to rural needs. Agencies for rural service should be encouraged, and should be adapted to the peculiar needs of rural communities. The county is usually the best administrative unit.

14. Scientific information.

There is urgent need of a more adequate body of scientific literature dealing with principles and practice in the children's field of social work, and the meeting of this need is a responsibility resting on those so engaged. Careful interpretation and analysis of methods and results of care and the publishing of these findings must precede the correcting of many present evils in practice. Boards of directors, trustees, and managers should particularly consider participation in the preparation of such a body of facts and experience as being a vital part of the work of their staff members.

GENERAL MINIMUM STANDARDS.

Economic and social standards.

At a general session of the Washington conference the economic and social aspects of child-welfare standards were discussed. While detailed standards were not formulated in this wide field, it was recognized that an adequate wage for the father, wholesome and pleasant housing and living conditions, and the abolition of racial discrimination are fundamentals to the realization of any child-welfare program.

Recreation.

The desire for recreation and amusement is a normal expression of every child, which must be considered in any program for the physical and moral education of children. Parents and others charged with their care should be educated as to the importance of recreation. Public provision should be made for wholesome play and recreation, both indoor and outdoor, under trained leadership, and especially adapted to the different age periods of the child.

Commercialized amusements should be safeguarded by official supervisors having a scientific knowledge of recreation.

Child-welfare legislation.

The child-welfare legislation of every State requires careful reconsideration as a whole at reasonable intervals, in order that necessary revision and coordination may be made and that new provisions may be incorporated in harmony with the best experience of the day. In States where children's laws have not had careful supervision as a whole within recent years, a child-welfare committee or commission should be created for this purpose. Laws enacted by the several States should be in line with national ideals and uniforms as far as desirable, in view of diverse conditions in the several States.

Child welfare legislation should be framed by those who are thoroughly familiar with the conditions and needs of children and with administrative difficulties. It should be drafted by a competent lawyer in such form as to accomplish the end desired by child-welfare experts and at the same time be consistent with existing laws.

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